



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

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Patrick C. Lynch, Attorney General

ANNUAL REPORT FOR CHARITABLE TRUSTS

(R.I. GEN. LAWS § 18-9-13)

ACCOUNT OF

..... Trustee
Name & Address of Trustee

under the
Name of Trust

For the Fiscal Year from20__ to.....20__

Federal Identification #: _____ Attorney General #: _____

SUMMARY

Principal Account

1. Investments (Book Value), next Prior Account
2. Cash, next Prior Account
3. Other Assets, next Prior Account
4. Balance, next Prior Account
5. Contributions added to Principal per Schedule A
6. Other Receipts on Account of Principal per Sch. B
7. Charges Against Principal per Schedule C (.....)
8. Principal Balance, End of Fiscal Year _____

Income Account

9. Income Balance, next Prior Account
10. Income Received
11. Charges Against Income (*Attach Schedule*)

- 12. Disbursements to Charities (*Attach Schedule*)
- 13. Disbursements to other Beneficiaries (*Attach Schedule*)
- 14. Income Transferred to Principal
- 15. Income Balance, End of Fiscal Year _____

I/we the undersigned hereby certify that this report and schedules and statements herein contained are true, correct and complete within our knowledge and belief.

Name of Trust

Trustee(s)
Signature(s)

SCHEDULES

Principal Account

Schedule A - Contributions

Securities Received (<i>Attach Schedule</i>)
Cash Contributions
Other Contributions (<i>Attach Schedule</i>)
Total (<i>Enter On Line 5, P.1</i>)	_____

Schedule B - Receipts On Account Principal

Gain or (Loss) on Sale or Exchange of Property
Appreciation or (Depreciation) on Property, Equip., Etc.
Other Receipts
Total (<i>Enter On Line 6, P. 1</i>)	_____

Schedule C - Charges Against Principal

Expenses Chargeable to Principal (<i>Attach Schedule</i>)
Payments to Charitable Beneficiaries
Payments to other Beneficiaries (<i>Attach Schedule</i>)
Other Charges (<i>Attach Schedule</i>)
Total (<i>Enter On Line 7, P.1</i>)	_____

INVENTORY

No.	Description	Book Value
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Total Book Value of Investments	_____
Principal Cash	_____
Total Principal	_____

I. Date of Event on Which Trust is to Terminate

(The following information is required only when there has been change of beneficiaries and/or trustees during the period covered by this report.)

II. State Name(s) and Address(es) of Former Beneficiaries

III. State Name(s) and Address(es) of New Beneficiaries

IV. State Name(s) and Address(es) of Former Trustees

V. State Name(s) and Address(es) of Present Trustees

VI. State Briefly Cause(s) for Change and Manner by which Change was Accomplished
(attach additional sheets if necessary)

INSTRUCTIONS

1. Gain or loss on sale or exchange of trust property shall be recognized in Schedule B, page 2, and not on line 10, page 1, unless the instrument creating the trust provides otherwise.
2. Items 9 through 14 need be completed only if a charity has a vested interest, present or future, in the trust estate.
3. Contributions received should be included in line 5, page 1, unless the instrument creating the trust provides otherwise.